JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT 4756

FORM JC/OH COVER SHEET PG 1

The JC/OH Name of the JC/OH Na	upe explains how to complete this form.	1 ACCOUNT#	2 Total pages filed:
	our openie now a compete this form.	(Ethics Commission filers)	
3 CANDIDATE / OFFICEHOLDER NAME	Judge Orlinda	MI	OFFICE USE ONLY
•	Judge Orlinda NORMANIA NARANIA	SUFFIX	
	NARANIA	D	
4 CANDIDATE / OFFICEHOLDER ADDRESS Change of Address	P. O. Box 2430	ITY; STATE: ZIP CODE	3 33
5 CAMPAIGN	TITLE FIRST	MI	Receipt #
TREASURER NAME	Jeff E.	SUFFIX	HD J-PM Amount O2 Date Processed
	Rusk		Date Imaged
CAMPAIGN TREASURER ADDRESS (Realdence or business)	910 La Vaca st. Austin Tx 78701	TE #; CITY; STATE;	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (512) 476-7600	EXTENSION	
REPORT TYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only)
PERIOD COVERED	Month Day Year THROU	Exceeded \$500 limit Month Day GH 1 24 / 31 /	Final report (Attach JC/OH - FR) Year 2.000
ELECTION	ELECTION DATE ELECTION TYPE		
	Month Day Year Primary	- Runoff	General Special
OFFICE	OFFICE HELD (Hany) Travis County Ct, At Law +	12 OFFICE SOUGHT (# known)	
DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	Direct campaign expenditures are campaign ex Candidates are required to disclose this information. Name	Denditures made by others without ti	he candidate's prior consent or approval. the direct campaign expenditure. ••
additional pages	Address / Pd Box; Apt. / Suite #; City; State; Zip) Code	
	GOTOP	AGE 2	

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT:	FORM JC/OH
SUPPORT & TOTALS	COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission filers)
16 SUPPORTING POLITICAL COMMITTEE(S)	may have been mad	des political expenditures by political committees to support the car e without the candidate's or officeholder's knowledge or consent. Car on only if they receive notice of such expenditures.	ndidate / officeholder. These expenditures addidates and officeholders are required to
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL SPECIFIC	Judge Orlinda Na COMMITTEE ADDRESS F. D. BOX 2430 ANSTER TX 78701 COMMITTEE CAMPAIGN TREASURER NAME	rango
additional pages		Jyf & Rusk. COMMITTEE CAMPAIGN TREASURER ADDRESS 910 La Vaca St. Austri Tx 78701	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZE	\$ - o -
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0 -
EXPENDITURE TOTALS	3. TOTAL P	OLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMI	\$ -O
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1,150
CONTRIBUTION BALANCE	5. TOTAL P	DLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D REPORTING PERIOD	\$ 4575 ⁷⁴
OUTSTANDING LOAN TOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	\$ 11, 434 T
18 AFFIDAVIT			
	ARY ANN CARMON, otary Public, State of Texa My Commission Expires AUG. 25, 2004	is true and correct and includes all me under Title 15, Election Code.	perjury, that the accompanying report information required to be reported by didate or Officer older
AFFIX NOTARY STA	MP / SEAL ABOVE	-101111	Q
Swom to and subscribed b	efore me, by the said ch, witness my hand	Judge Orlinda Varanja this the _	1/th day of forming

Title of officer administering oath

LOANS (JUDICIAL)			SCHEDULE E (J)
2 FILER NAME	dge Orlinda Na	3	Total pages Sch	edule E(J):
4	AL OF UNITEMIZED LOANS: \$		→ ⇔	\$ 11,424
5 Date of loan 1994 6 Is lender a	Jim Ewbank	out of state PAC		9 Loan Amount (\$)
financial Institution?	8 Lenderaddress; City; State; Zio 911 Crossind Dr 5picewood Tx 78			10 Interest rate -0 - 11 Maturity date
12 Lender's Principal Oc	ccupation	13 Lender's Job Title Shareholder		1 114
Ewbar 16 If lender is child, law f	firm of parent(s) (if any)	15 Law Firm of lender's	spouse (if any)	
17 Description of Collater	al			
18 GUARANTOR INFORMATION	19 Name of guarantor			21 Amount Guaranteed (\$)
not applicable	20 Guarantor address; City; State; Zip C	Code		
22 Guarantor's Principal (Occupation	23 Guarantor's Job Title	<u> </u>	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

25 Law Firm of guarantor's spouse (if any)

24 Guarantor's Employer/Law Frim

26 If guarantor is child, law firm of parent(s) (if any)

P.O. Box 12070

POLITI	ICAL NDITURES			SCHEDULE F
The Instruction	юм Guide explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAM			3 ACCOUNT	# (Ethics Commission filers)
4 Date	5 Payee name			7 Amount (\$)
, • · · · · ·	6 Payee address; City; State; Zip Con			
		·		·
8 Purpose of ex	penditure	9 Complete if direct expe Candidate / Officeholder	enditure to benefit name	it C/OH ⊶ Office sought / held
Date	Payee name			Amount (\$)
	Payee address; City: State; Zip Cod			•
Purpose of exp	enditure	⇔ Complete if direct experiments of the Complete in the Complete i	nditure to benefit name	C/OH ⊶ Office sought / held
Date	Payee name			Amount (\$)
	Payee address; City: State; Zip Code	e		
Purpose of exp	enditure	Complete if direct exper	nditure to benefit	C/QH ↔ Office sought / held
			(B(1) &	VIII VIII
Date	Payee name			Amount (\$)
	Payee address; City; State; Zip Code			
Purpose of expe	anditure	⊶ Complete if direct expen Candidate / O#iceholder na	iditure to benefit C	C/OH ↔ Office sought / held
	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS NEI	EDED	

P.O. Box 12070

POLIT	ICAL NDITURES			SCHEDULE F
The Instructi	он Guide explains how to complete this form.		1 Total pages S	Schedule F:
2 FILER NAM Judge	Orlinda Naranjo		3 ACCOUNT #	(Ethics Commission filers)
4 Date	South Anthin Democrat 6 Payee address; City; State; Zip Code Aushin Ty	5		7 Arnount (\$)
8 Purpose of ex	penditure	9 - Complete if direct expe		
Spoi	sonship for Yeller Dansey			Office sought / held
S/H/00	Payee name AFL-CIO Council - A Payee address; City; State; Zip Code P. D. Box 684 644 Anstrin Tx 78768 - 464			Amount (\$)
Purpose of exp	Labor DAM	Complete if direct exper Candidate / Officeholder in	nditure to benefit C	C/OH •• Office sought / held
5/14/00	Payee name Hisp Women's Network of T Payee address; City: State: Zip Code P. D. Boy 1356 An Shim Tx 78767-135			Amount (\$)
Purpose of exp		⇔ Complete if direct expen Candidate / Officeholder na	diture to benefit C	/OH ⊶ Office sought / held
Date 8/16/00	Payee name His. Bar Assoc. 7 Austin Payee address; City; State; Zip Code P. O. Box 12692 Austin Tx 78711 - 2692			Amount (\$)
Purpose of expe	nditure	⇔ Complete if direct expend Candidate / Officeholder nar	liture to benefit C/o	DH ⊶ Office sought / held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED	

POLITI	ICAL NDITURES			SCHEDULE F
	он Guide explains how to complete this form.		1 Total pages	Schedule F:
2 FILER NAM	Judge Orlinda Naran	%	 	# (Ethics Commission filers)
4 Date	Anstin Tejano Democrat	3	•	7 Amount (\$)
973/00	6 Payee address: City: State: Zip Code Australy	6		*20 -
8 Purpose of exp	penditure DULS	9 - Complete if direct expe Candidate / Officeholder i	anditure to benefi name	it C/OH ↔ Office sought / held
Pate 9 14 00	Payee name Aushin Tuns of Ct. Payee address; City; State; Zip Code Aushin Tx			Amount (\$)
Purpose of exp		← Complete if direct exper Candidate / Officeholder n	nditure to benefit	C/OH == Office sought / held
Date	Payee name Austin Women's Politica Payee address: City: State: Zip Code Austin TX	1 Canans		Amount (\$)
Purpose of expe		⇔ Complete if direct expension Candidate / Officeholder na	diture to benefit (C/OH ⊶ Office sought / held
	Payee name Trais County Bar Asso - V. Payee address; City; State; Zip Code 700 La Vaca St Anstrin Tx 78701	0		Amount (\$)
Vol. Leg	Bar - brill ad	⇔ Complete if direct expend Candidate / O#iceholder nar	liture to benefit C me	C/OH ⊶ Office sought / held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED.	

POLIT	ICAL IDITURES			SCHEDULE F
The Instruction	он Guide explains how to complete this form.		1 Total pages Sci	hequie F:
2 FILER NAM	Judge Orlinda Narany	0	3 ACCOUNT # (Ethics Commission filers)
10/24/00 8 Purpose of ex	Hispanic Chember of Com 6 Payee address; City; State; Zip Code 823 Congress Are Ste Auchin Tx 78701 Penditure DWS Payee name YWCA Payee address; City; State; Zip Code	1330 9 - Complete if direct experimental condidate / Officeholder	inditure to benefit C	Amount (\$) +75 Office sought / held Amount (\$)
Purpose of exp	150v Ship gala	→ Complete if direct exper Candidate / Officeholder n		OH •• Office sought / held
Date 12/19/00	Payee name Leader ship Ty. Payee address: City: State: Zip Code		,	Amount (\$)
Purpose of exp		Complete if direct expendence of condidate / Officeholder na	diture to benefit C/C	OH ⊶ Office sought / held
Date	Payee name Travis Lourn Woman Lourye Payee address; City; State; Zip Code	13 4350		Amount (\$)
Purpose of expe		⇔ Complete if direct expend Candidate / Officeholder na	liture to benefit C/O	HI so Office sought / held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	EDED	

POLIT EXPE	TICAL NDITURES				SCHEDULE F
The Instruct	пом Guide explains how to complete this form.		1 To	tal pages Sche	dule F:
2 FILER NA	Judge Urlinda Navany	0	3 AC	COUNT # (EIF	ics Commission filers)
12 pa 00	fun Am. Round Table 8 Payee address; City; State; Zip Code 404 We stoood Ter.			7	Amount (\$)
	Questri Tx 18746.		· ,		• .
8 Purpose of e	Dues	9 → Complete if direct expe Candidate / Officeholder	anditure name	to benefit C/O	H •• Office sought / held
Date	Payee name * Payee address; City; State; Zip Code				Amount (\$)
Purpose of ex	xpenditure	← Complete if direct exper Candidate / Officeholder n	nditure t	o benefit C/Oh	∞ Office sought / held
Date	Payee name Payee address; City; State; Zip Code				Amount (\$)
Purpose of ex	penditure	Complete if direct expen Candidate / Officeholder na	diture to	benefit C/OH	Office sought / held
Date	Payee name ' Payee address; City; State; Zip Code				Amount (\$)
Purpose of exp	penditure	⇒ Complete if direct expend Candidate / Officeholder nar	liture to	benefit C/OH	Office sought / held
	ATTACH ADDITIONAL COPIES	OF THIS FORM AS NEE	DED		

exas Ethics Commiss	ion P.O. Box 12070	Austin, Texas 78711-2	070	(512) 463-5800	1-800-325-85
OUTSTA	NDING LOANS			SCH	EDULE L
The Instruction Gu	UIDE explains how to complete	à this form.		1 Total pages Schedule L:	
2 FILER NAME	udge Online 4 Name of lender	da Naranj	0	3 ACCOUNT # (Ethics Comm	ission filers)
LENDER INFORMATION	4 Name of lender Jim E				
	5 Lender address; 91) Cross	SWIND DI	State;	Zip Code	
GUARANTOR INFORMATION	6 Name of guarantor				
not applicable	7 Guarantor address;	City;	State;	Zip Code	
LENDER INFORMATION	Name of lender				
	Lender address;	City;	Stat e ;	Zip Code	
GUARANTOR INFORMATION	Name of guarantor				
not applicable	Guarantor address;	City;	State;	Zip Code	

The Instruction Guide explains how t	o complete this form	1 Total pages Schedule M:	
	o somplete title form.		
FILER NAME	•	3 ACCOUNT # (Ethics Commission file	iers)
Description of Asset			
	•		
Description of Asset			
Description of Asset			
Description of Asset	·		
Description of Asset			
Description of Asset			<u> </u>
Description of Asset			
Description of Asset			